

Summary of Changes for Public Health Reporting in 2017

New Reporting Form and Directions

The form used to report a known or suspect case of a reportable disease to public health, the PH-1600, has been revised to include detailed reporting directions for healthcare providers and laboratories. Healthcare providers are encouraged to attach documentation to the PH-1600, including the provider information, patient demographics, clinical information, and the laboratory report, rather than completing redundant information. Laboratories are encouraged to report via electronic laboratory reporting or a printed laboratory report, completing the PH-1600 only if the provider information or patient demographics are missing from the printed laboratory report.

Within each section of the form, some additions were made. For the Provider section, questions were added to clarify the location and contact information of the provider, including Primary Facility/Practice for the location, fax number, and county (to help with assigning jurisdiction for the public health investigation). The Patient Demographics section remains the same, except for the addition of the patient Age when the Date of Birth is unavailable. The Clinical Information section includes the addition of the Hospital Name, if the patient was hospitalized. Two additional questions were added for Symptoms for hepatitis patients, and Fever for patients of tickborne diseases. These two questions were added because the information provided by a reporter could be sufficient for the public health investigation, and therefore no additional follow-up with the reporter would be required regarding additional health records.

The PH-1600 form and accompanying documentation, or printed laboratory report, may continue to be faxed to the Division of Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) at Tennessee Department of Health (TDH) at (615) 741-3857, or to the local or regional health office. A listing of those offices, with contact information, is available at <http://tn.gov/health/topic/localdepartments>.

In addition, the PH-1600 will be available for completion online via Research Electronic Data Capture (REDCap) at <https://redcap.health.tn.gov/redcap/surveys/?s=XTJTN4MD3D>. The online form will allow for the upload of additional documentation, including laboratory reports, face sheets, notifiable diseases reports, and relevant electronic health records.

2017 List of Reportable Diseases in Tennessee (For Healthcare Providers and For Laboratories)

The List of reportable diseases, conditions, and events has been revised to have one page for healthcare providers, organized alphabetically by condition, and one page for laboratories, organized alphabetically by pathogen. In addition, the page for healthcare providers does not include conditions reportable only by laboratories, and vice versa.

Reporting for most conditions requires completion of the PH-1600 within one week, with the exception of the Emerging Infections Program (EIP) conditions and those requiring special reporting. Some diseases, events, and conditions also require telephone reporting, either immediately or the next business day.



Phone immediately



Phone next business day



Complete the PH-1600 online or fax to HAI Emerging Infections Program at (615) 741-3857 within 30 days.

Special reporting criteria are required for some diseases, events, and conditions, as shown below:





Report online at <https://leadinput.tennessee.edu/leadin/> . For more information, refer to <http://www.tn.gov/health/article/MCH-lead-providers> .



Report healthcare-associated infections to the National Healthcare Safety Network (NHSN) within 30 days. For more information, see <http://tn.gov/health/topic.hai>.



Neonatal Abstinence Syndrome should be reported in 1 month at <http://tn.gov/health/topic/nas>.
Birth Defects should be reported in 1 week at <https://tdhrc.health.tn.gov/redcap/surveys/?s=TDEYPYCHET>

The 2017 List of Reportable Diseases in Tennessee: For Laboratories, includes additional icons to indicate when a specimen or isolate is required () or requested () to be sent to the state public health laboratory for additional testing.

2017 Reportable Diseases in Tennessee: Detailed Laboratory Guidance

In addition, the former Matrix and Laboratory Guidance documents have been combined into a single Detailed Laboratory Guidance document. Many of the details formerly in footnotes or in additional columns have been moved into a single column for easier user by laboratories.

Changes to the Reportable Diseases, Events, and Conditions

A summary of the changes for the reportable diseases, events, and conditions for 2017 is provided below. Additional information is available for each disease, event, or condition at the Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>. The findings reportable by laboratories, as well as the specimen/isolate submission requirements, are available in the Detailed Laboratory Guidance. Reporters should refer to the directions on the PH-1600 for guidance on how to report.

Additions

Birth Defects

The condition of birth defects has been added to the reportable diseases list, and includes a list of defects reportable only by healthcare providers. Birth defects are not reportable by laboratories. The timeframe for reporting is within 1 week at <https://tdhrc.health.tn.gov/redcap/surveys/?s=TDEYPYCHET>. For more information, refer to the Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>.

Candida auris

Patients identified with *Candida auris* infection are reportable by all reporters, including healthcare providers and laboratories. Suspected or known cases should be reported by telephone the next business day. Healthcare providers and non-laboratory reporters should submit the PH-1600 in 1 week. Laboratories should report via electronic laboratory reporting or a printed laboratory report in 1 week. The PH-1600 is required only if the printed laboratory report does not include the required information.

Colistin-resistant (plasmid mediated) gram negative bacteria ☎

Identification of Colistin-resistant (plasmid-mediated) gram negative bacteria is reportable by all reporters, including healthcare providers and laboratories. Suspected or known cases should be reported by telephone the next business day. Healthcare providers and non-laboratory reporters should submit the PH-1600 in 1 week. Laboratories should report via electronic laboratory reporting or a printed laboratory report in 1 week. The PH-1600 is required only if the printed laboratory report does not include the required information.

Hepatitis C virus, chronic (reportable by laboratories only)

Patients with Hepatitis C virus chronic infection are reportable by laboratories only, and are not reportable by healthcare providers. Suspected or known cases should be reported via electronic laboratory reporting or a printed laboratory report in 1 week. The PH-1600 is required only if the printed laboratory report does not include the required information.

Nontuberculous *Mycobacteria* (extra-pulmonary only)

Nontuberculous *Mycobacteria* infection (extra-pulmonary only) should be reported by any reporter, including healthcare providers and laboratories. Suspected or known cases should be reported in 1 week. Healthcare providers and non-laboratory reporters should submit the PH-1600. Laboratories should report via electronic laboratory reporting or a printed laboratory report. The PH-1600 is required only if the printed laboratory report does not include the required information.

Tuberculosis, Infection (formerly Latent Tuberculosis Infection)

Tuberculosis infection is reportable by all reporters, including healthcare providers and laboratories. Suspected or known cases should be reported in 1 week. Healthcare providers and non-laboratory reporters should submit the PH-1600. Healthcare providers should note the special instructions on the PH-1600 for how to report the tuberculin skin test results for a patient under the age of 18 years of age. Laboratories should report via electronic laboratory reporting or a printed laboratory report. The PH-1600 is required only if the printed laboratory report does not include the required information. All reporters should fax directly to the Tennessee Tuberculosis Elimination Program at (615) 253-1370.

Deletions

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| ▪ Chancroid | ▪ Melioidosis |
| ▪ Creutzfeldt-Jakob Disease/Prion Disease (including variant) | ▪ Powassan Virus |
| ▪ Guillan-Barré Syndrome | ▪ Severe Acute Respiratory Syndrome (SARS) |
| ▪ Hantavirus | ▪ Trichinosis |

Revisions

The laboratory tests and results reportable for Hepatitis B Virus: Acute, Hepatitis B Virus: Perinatal (age ≤24 months), Hepatitis B Virus: Pregnant Female, Lyme Disease, Carbapenem-Resistant *P. aeruginosa* (reportable by laboratories only), Tuberculosis, and Zika Virus have been updated. These revisions affect reporting by laboratories only. Because of the change in the laboratory findings, the condition names for Hepatitis B Virus, Perinatal and Pregnant Female have been updated (previously only included HBsAg-positive patients). Please refer to the Detailed Laboratory Guidance for additional information.